## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (If required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notificatio	below or directed other	erwise in Block 1, by	(a) specifying a new co	or maintenance rees rrespondence addres	; and/or	(b) indicating a sepa	corres trate "I	EE ADDRESS" f	
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			L	August 12, 2011				(Date	
APPLICATION NO.	TION NO. FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/675,011 09/30/2003			Lynn Dickey		04	10989/267934		5538	
APPLN, TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	1	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0		\$1055		08/16/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7					
ZHENG, LI		1638	800-288000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353).  Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence Address form PTOSB/122) attached.  "Fee Address" indication (or "Fee Address" indication form PTOSB/12; kev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent floot page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Jules an assignee is identified below, to assignee the parter. If an assignee is identified below, the document has bee reconsidation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  BIOLEX THERAPEUTICS, INC.  PITTSBORO, NORTH CAROLINA  Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			ib. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Thyment by credit end. Form PTO-2038 is attached.  The Director is hereby authorized to charge the gaugined fee(s), any deficiency, or credit any overpayment, to Depoid Account Number (16-0005). (enclose an extra copy of this form).						
<ol> <li>Change in Entity Status</li> <li>a. Applicant claims S?</li> </ol>	MALL ENTITY status.	See 37 CFR 1.27.	b. Applicant is no le	onger claiming SMA	LL ENTI	I'Y status. See 37 CF	R 1.27	(g)(2).	
NOTE: The Issue Fee and Pu interest as shown by the reco	iblication Fee (if required state	ed) will not be accepted Patent and Trademark	from anyone other than Office.	n the applicant; a regi	stered att	orney or agent; or the	assign	ee or other party in	
Typed or printed name	V. Murray Spruill		<u> </u>	Date	0.	\ ( ,943			
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	n is required by 37 CFI by is governed by 35 U plication form to the U for reducing this burd- nia 22313-1450, DO N 1450.	R 1.311. The information of the	on is required to obtain on a life to the	r retain a benefit by t estimated to take 12 lividual case. Any co icer, U.S. Patent and TO THIS ADDRESS	he public ninutes to mments o Trademan . SEND T	which is to file (and complete, including on the amount of tim k Office, U.S. Depar IO: Commissioner fo	by the gather e you i tment or Pater	USPTO to process) ing, preparing, and require to complete of Commerce, P.O. its, P.O. Box 1450,	